



WASHINGTON STATE DEPARTMENT OF  
**Natural Resources**

## Request to Amend Forest Practices Application/Notification

For DNR Region Office Use Only

Region:

Use this to request an amendment to an approved Western Washington, Eastern Washington, or Aerial Chemical Applications/Notifications

TYPE OR PRINT IN INK:

**1. Landowner, Timber Owner, and Operator information**

|                                |                                   |                               |
|--------------------------------|-----------------------------------|-------------------------------|
| <u>Legal Name of LANDOWNER</u> | <u>Legal Name of TIMBER OWNER</u> | <u>Legal Name of OPERATOR</u> |
| Mailing Address:               | Mailing Address:                  | Mailing Address:              |
| City, State, Zip               | City, State, Zip                  | City, State, Zip              |
| Phone (     )                  | Phone (     )                     | Phone (     )                 |
| Email:                         | Email:                            | Email:                        |

**2. Approved FPA/N Number \_\_\_\_\_**

**3. Describe the proposed amendment to the original FPA/N. You can attach revised pages of an FPA/N, or give specific details. Include a new Activity Map if you are proposing any changes to the original.**

**4. I affirm that the information contained herein is true, and understand that this proposed forest practice is subject to the Forest Practices Act and Rules, as well as all other federal, state or local regulations. Compliance with the Forest Practices Act and Rules does not ensure compliance with the Endangered Species Act or other federal, state or local laws. I understand this amendment is a request for a Notice to Comply for an authorized deviation as described in WAC 222-20-060.**

**5. \_\_\_\_\_**

Landowner's Signature

\_\_\_\_\_

Date